



# Corps Network Education Award Program

## AmeriCorps Mid-Term and Final Performance Evaluation Form

Member Name: \_\_\_\_\_

Location: \_\_\_\_\_

- ☐ Mid-term Evaluation (or attach corpsmember monthly evaluations)
- ☐ End of Term Evaluation

Award Program Start Date (from eGrants): \_\_\_\_\_

Award Program Exit Date (from eGrants): \_\_\_\_\_  
(Only for Final Evaluation)

Number of Hours Completed (to date): \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

**Instructions:** Staff should initial each item below to confirm successful completion.

\_\_\_\_\_ The above named corpsmember has satisfactorily completed assignments, tasks or projects.

\_\_\_\_\_ The above named corpsmember has satisfactorily met other performance criteria which have been clearly communicated both orally and in writing at the beginning of the term of service.

**Comments:**

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed on Date of Exit:**

Member Exit Date: \_\_\_\_\_

Total Hrs Completed: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_